

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043389

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 108 Primary Registration District No. 4179 Registrar's No. 18

FILED DEC 5 1963

VS 300
Rev. 4/59

1 0350

2 0350

3

4 0

5 1

6

7 1

8 2

9 177X

10

11

12 90-5

13 8-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|----------------------------------|--|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Senath</u> | | c. CITY OR TOWN <u>Senath</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) <u>ISAAC NEWTON HOLTSCLAW</u> | | 4. DATE OF DEATH Month <u>October</u> Day <u>29</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-1-1879</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farm Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | |
| 11a. FATHER'S NAME <u>George Holtsclaw</u> | | 11b. MOTHER'S MAIDEN NAME <u>Lavicia (Unknown)</u> | |
| 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 13. SOCIAL SECURITY NO. <u>6-5-74236-1</u> | |
| 14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Carcinoma</u> DUE TO (b) <u>Prostatic Carcinoma</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | 15. NAME OF HUSBAND OR WIFE <u>Marie Holtsclaw</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mal-nutrition</u> | | PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>March 1963</u> to <u>29 Oct 1963</u> and last saw him alive on <u>29 Oct 1963</u> Death occurred at <u>4:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Dr. J. W. Swift</u> (Degree or title) | | 22b. ADDRESS <u>Senath Mo</u> | |
| 22c. DATE SIGNED <u>25 Dec 63</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Oct. 31, 1963</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Senath Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Senath Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Emerson & Sons</u> | | 25. DATE RECD. BY LOCAL REG. <u>Dec. 3, 1963</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mrs. Pat Cook</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John T. Emerson*

Licensed Embalmer No. 3148

P. O. Address Kennett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.